SUBMIT IN TRIPLICATE *(Submit in QUADRUPLICATE if you desire copy returned to you)*

APPLICATION FOR AUTHORIZATION TO RELABEL OR TO PERFORM OTHER ACTION OF THE FEDERAL FOOD, DRUG, AND COSMETIC ACT AND OTHER RELATED ACTS

Form Approved: OMB No. 0910-0025
Expiration Date: November 30, 1991

Public reporting burden for this collection of information is estimated to average 25 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Reports Clearance Officer, PHS
Hubert H. Humphrey Building, Room 721-B
200 Independence Avenue, S.W.
Washington, DC 20201 Attn: PRA

and to:

Office of Management and Budget
Paperwork Reduction Project (0910-0025)
Washington, DC 20503

DATE _____ SAMPLE No. _____

To DIRECTOR, _____ District, Food and Drug Administration.

Application is hereby made for authorization to bring the merchandise below into compliance with the Act.

Product _____ Entry No. and Date _____

Carrier _____ Amount and Marks _____

Redelivery bond has been posted by the applicant. The merchandise will be kept apart from all other merchandise and will be available for inspection at all reasonable times. The operations, if authorized, will be carried out at _____
And will require about _____ days to complete. A detailed description of the method by which the merchandise will be brought into compliance is given in the space below.

We will pay all supervisory costs in accordance with current regulations.
Firm Name and Address _____

Applicant's signature _____

ACTION ON APPLICATION

To: _____ Date _____
(Name and Address)

Your application has been denied because

approved with the following conditions

Time limit within which to complete authorized operations _____
When the authorized operations are completed, fill in the importer's certificate on the reverse side and return this notice to this office.

Director, _____ District

FORM FDA 766 (11/89)

SEE OTHER SIDE

IMPORTER'S CERITIFICATE

Place _____, _____, 19 ____

I certify that the work to be performed under the authorization has been completed and the goods are now ready for inspection at _____

_____

The rejected portion is ready for destruction under Custom's supervision and is held at

_____

_____, Applicant

REPORT OF INVESTIGATOR / INSPECTOR

_____, 19 ____

TO THE PORT DIRECTOR OR DISTRICT DIRECTOR:

I have examined the within described good and find them to be the identical goods described herein, and that they have been _____ on _____, 19 ____
as authorized except

DATA ON CLEANED GOODS

Good Portion _____

Rejections _____

Loss (if any) _____

Did importer clean entire shipment? _____

Time and cost of supervision _____

_____
Inspecting Officer

DIRECTOR OF DISTRICT

Disposed of as noted above.

_____
Director of Customs